

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014783

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 116 Primary Registration District No. 5433 Registrar's No. 84

FILED APR 16 1962

1. PLACE OF DEATH

a. COUNTY **FRANKLIN**b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **UNION**

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTIONInside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **MO.** b. COUNTY **FRANKLIN**c. CITY OR TOWN **UNION, MO.**Inside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
R.R. # 2Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

GEORGE**W.****HAGEBUSCH**

4. DATE OF DEATH

Month

Day

Year

APRIL**10****1962**

5. SEX

MALE

6. COLOR OR RACE

WHITE7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

OCT. 21, 1897

9. AGE (last birthday)

64

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR
Hours Min.**5****19****19****19**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

FARMING

11. BIRTHPLACE (City and state or country)

SPRINGFIELD, MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

WILLIAM HAGEBUSCH

13b. MOTHER'S MAIDEN NAME

EVA M. STOKES

14. NAME OF HUSBAND OR WIFE

IDA HAGEBUSCH15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**NO**

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

MRS. IDA HAGEBUSCH R.R. #2

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary occlusion**UNION, MO.**

INTERVAL BETWEEN ONSET AND DEATH

Acute

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Myocardial degeneration**5 years**

DUE TO (c)

Hypertension, Chronic Failure**12 years**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Bronchitis asthma - Emphysema - Pulmonary Fibrosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from
Death occurred at 3:00195210 April 1962and last saw him alive on 4 April 1962

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Wm Richardson, MD

22b. ADDRESS

Union, MO

22c. DATE SIGNED

11 April 1962

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

APR. 13, 1962

23c. NAME OF CEMETERY OR CREMATORY

VALHALLA CEMETERY

23d. LOCATION (City, town, or county)

ST. LOUIS, MO.

24. FUNERAL DIRECTOR

ADDRESS

OLTMANN FUNERAL HOME UNION, MO.

25. DATE RECD. BY LOCAL REG.

4/13/62

26. REGISTRAR'S SIGNATURE

Lola G. Sudman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

MAY 4 1962

APR 17 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Ralph Ottmann

Licensed Embalmer No.

4808

P. O. Address

Union, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.